

SUPPORTING KIDS WITH DISABILITIES



WISCONSIN OFFICE OF CHILDREN'S MENTAL HEALTH

JULY 2024

WHY THIS MATTERS

Children with disabilities – whether physical, intellectual, or developmental – have higher rates of mental health conditions than children without disabilities. The mental health conditions have a significant, lasting, and negative impact on their lives. These children with the most needs also tend to be the most underserved by our care system.

WHAT THE RESEARCH SAYS

Approximately 20% of all kids have a special health care need. These needs can include autism, asthma, diabetes, epilepsy, learning disabilities, speech or language impairments, or intellectual and developmental disabilities. Children and youth with special health care needs (CYSHCN) require more care than other children.

In addition to their special health care needs, more than half (56%) of CYSHCN have a mental health condition.¹ Children with an intellectual or developmental disability often experience social challenges and may lack the ability to communicate the stress around their challenges, resulting in elevated rates of anxiety and depression. Recent data reveal nearly 40% of children with ADHD also have anxiety.² People with autism are three times more likely to attempt or die by suicide than those without autism.³

Children with disabilities often face high rates of bullying, social exclusion, and other traumatic experiences such as seclusion and restraint at school – all of which negatively impact mental health.

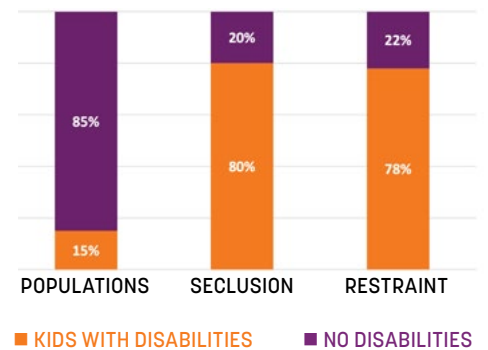
Older kids with disabilities are not being prepared to transition to life after high school. Just 22% of youth with special needs ages 12-17 receive transition planning services for their adult health care.⁴ By their high school years, students with disabilities are much more likely to drop out compared to students without disabilities, resulting in lifelong impacts.

WHAT'S HAPPENING IN WISCONSIN?

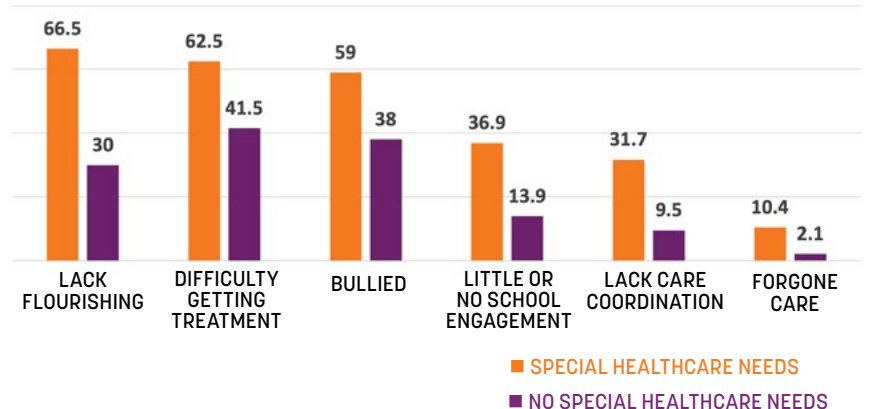
Students with disabilities represent 15% of Wisconsin's student population, but 80% of all seclusion and 78% of all restraint cases in schools. The vast majority of seclusion and restraint incidents involve young children in elementary schools.⁵

Children with special health care needs in Wisconsin face challenges at two to three times the rate of children without special health care needs. Two-thirds of CYSHCN are not flourishing (a measure of well-being); most have difficulty receiving treatment; and most are bullied. They tend not to be engaged in school and many families report not having proper coordination of medical care for their child, adding to the enormous stress that parents endure. These children are five times as likely to forgo health care as those without special health needs.⁶

SECLUSION AND RESTRAINT IN WISCONSIN SCHOOLS



PERCENT OF WISCONSIN KIDS WITH NEGATIVE EXPERIENCES



(continued)

WHAT'S HAPPENING IN WISCONSIN?

An evaluation of Wisconsin's Birth to 3 Program – an early intervention special education program that helps children under the age of 3 who have disabilities or developmental delays – found the social emotional functioning of children in the program significantly improved while they were in services.⁷



WHAT WE CAN DO

➤ PARENTS/CAREGIVERS:

- [Wisconsin Wayfinder](#) supports families of children with special needs including mental health conditions, connecting parents to free, confidential, and personalized support.
- Understand the toll on parents and address [caregiver needs](#) by connecting with organizations like [Connecting Families](#), [Wisconsin Family Ties](#), [NAMI Wisconsin](#), and [Family Voices](#).
- Connect with advocacy groups like [Disability Rights Wisconsin](#), and [MHA Wisconsin](#).
- Explore resources on disability and special education available from [WI FACETS](#) and [DPI](#).
- Begin [transition planning](#) with your teen well in advance of their transition to adult life.
- Learn healthy use of digital media for neurodivergent youth: [Parenting Tip Sheet](#).

➤ COMMUNITIES:

- Cultivate inclusive spaces where kids with disabilities and special health care needs feel safe and welcomed and their parents feel supported.
- Curate community spaces (libraries, parks, museums) and community events (festivals, concerts, celebrations) to be inclusive of kids with dual diagnoses.

➤ PROVIDERS:

- Listen to caregivers. They know their child best, but caregivers often need help building routines that establish stability at home, along with help managing their own stress.
- Connect families to their regional [Children's Resource Center](#) designed to help families with CYSHCN.

- Understand CYSHCN are vulnerable to [trauma](#) and benefit from accessing trauma-informed training and resources.
- Counsel parents of very young children on [early intervention](#).
- Connect with the [Wisconsin Child Psychiatry Consultation Program](#) for clinical information and ideas.
- Leverage the [Wisconsin Youth Health Transition Initiative](#) resources for providers.

➤ POLICYMAKERS:

- Ensure universal, continuous, and affordable mental health care coverage is available to all CYSHCN.
- Expand sustainable compensation for the caregiving workforce and support the Family Caregiver Tax Credit.
- Increase the Medicaid payment rates to reflect the actual cost of provision of complex care to CYSHCN.
- Address mental health program gaps and recommendations for youth [transitioning to adulthood](#).
- Invest in the areas of improvement outlined in the [Wisconsin IDD-MH System Improvement Report](#).
- Provide funding for the [training required](#) under school seclusion and restraint statutes.

➤ SCHOOLS:

- Integrate [Trauma Sensitive Schools](#) guidance into professional learning.
- Work to eliminate [seclusion and restraint](#) practices.
- Ensure K-12 students and families are involved in crafting students' [Postsecondary Transition Plan](#) and that it specifies mental health care plans after high school.
- Train pre-service mental health professionals in post-secondary programs how best to treat CYSHCN.

REFERENCES:

¹ Annie E. Casey Foundation. The State of Children with Disabilities and Special Health Care Needs. Accessed: <https://www.aecf.org/blog/the-state-of-children-with-disabilities-and-special-health-care-needs>.

² Danielson et al (2024). ADHD Prevalence Among U.S. Children and Adolescents in 2022: Diagnosis, Severity, Co-Occurring Disorders, and Treatment. Journal of Clinical Child & Adolescent Psychology. <https://doi.org/10.1080/15374416.2024.2335625>

³ JAMA, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774853>

⁴ HRSA Maternal & Child Health. NSCH Data Brief: Children and Youth with Special Health Care Needs. Accessed: <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/nsch-data-brief-children-youth-special-health-care-needs.pdf>

⁵ Wisconsin Department of Public Instruction. 2022-2023 Seclusion and Restraint Data Report. Accessed 5/30/24: https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/Seclusion_and_Restraint_Report_22-23.pdf.

⁶ National Survey of Children's Health. 2021-2022.

⁷ UW-Milwaukee Institute for Child and Family Well-Being. Birth to 3 Social-Emotional Innovation Grant Evaluation Report. Spring 2022. <https://www.dhs.wisconsin.gov/non-dhs/icfw-report.pdf>